

明興商行香港有限公司
Ming Xing Investments Co., Ltd.
Application Form (Personal Account) for
Members of "The Hong Kong College of Paediatricians"

Membership No. : _____ College's Endorsement _____

Full Name of Applicant : _____ (_____)
 申請人全名 中文姓名

H. K. I. D. No. : _____ Home Phone No. : _____
 身份證號碼 住宅電話號碼

Home Address : _____
 住宅地址

Office Phone No. : _____ Mobile Phone No. : _____
 辦公室號碼 手提電話號碼

Office Address : _____
 辦公室地址

	Vehicle Reg. No. 車輛登記號碼	Name of Owner 登記車主全名	Name Embossed (max. 27 char.) 卡上名稱	Monthly Limit (min HK\$1,000.00/card) 每月限額
1				HK\$
2				HK\$
3				HK\$
4				HK\$
5				HK\$

注意 : 新申請之車輛登記號碼如於過去六個月內, 曾登記『加德士能源咭』並有交易記錄者, 將不獲接受申請。
Remark : Those "Vehicle Registration Numbers" submitted for application, which have been registered with Caltex for the StarCard and have transaction within 6 months, are not eligible for application

註: 請填妥直接付款授權書及一同寄上下文件影印本:
 Y 香港身份證或護照
 Y 香港汽車登記證
 Y 地址證明(例如:銀行月結單)

Notes : Please fill in your Direct Debit Authorization Form and enclose photocopies of your :
 Y Hong Kong Identity Card/Passport
 Y Hong Kong Vehicle Registration Certificate
 Y Address verification (e.g. Bank statement)

請先細閱然後簽名Please read before signing :

本人茲申請開戶及發予能源咭, 並保證上述資料全部正確無誤, 及授權「明興商行香港有限公司」取得及交換有關本人之信貸資料。本人定必依照「明興商行香港有限公司」規定於月結單內所訂明之付款到期日前向「明興商行香港有限公司」之指定帳戶繳清全部款項。本人明白使用能源咭的條款及細則, 將詳列於隨咭附上的文件內, 並明白使用該咭將被視為接受該條款及細則。「明興商行香港有限公司」保留終止能源咭服務之權利。

I hereby warrant that the above information is true and correct and request that an account be opened and the StarCard(s) be issued to me. I undertake to settle the account (payment to "Ming Xing Investments Co., Ltd.'s" designated account) on or before the due date as shown in the statement of account. I authorize "Ming Xing Investments Co., Ltd." to exchange and receive credit information pertaining to me. I note that the Terms and Conditions of the StarCard(s) will be set out in the package delivering the StarCard(s) to me. I further agree that my use of the card(s) will mean my acceptance of the terms and conditions. "Ming Xing Investments Co., Ltd." reserve the right to terminate the card service.

Signature of Applicant _____
 申請人簽署

Date _____
 日期

Please return this application form to "15/F, Tern Centre, Tower 1, 237 Queen's Road Central, Hong Kong."
 請將本申請表寄回"中環皇后大道中 237 號太興商業大廈 第一座 15 樓"

For official use only
 DO G/A HK\$1.00 _____ OB _____ AP _____

Ref : MX- _____ -SM _____